



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2019  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000793710		2. Exact name of the Corporation Stonegate Mortgage Corporation			
3. Principal Office Address 9190 Priority Way West Dr., Ste. 300			City Indianapolis	State IN	Zip 46240
4. NAICS Code <b>524120</b>		6. Brief description of the character of business conducted in Rhode Island Mortgage Lending & Servicing			
5. State of Incorporation Ohio					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name James Smith			Vice-President Name		
Street Address 9190 Priority Way W. Dr. Ste. 100, C/O Licensing			Street Address		
City Indianapolis	State IN	Zip 46240	City	State	Zip
Secretary Name David Kress			Treasurer Name		
Street Address 9190 Priority Way W. Dr. Ste. 100, C/O Licensing			Street Address		
City Indianapolis	State IN	Zip 46240	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative Matthew Goodman - Chief Administrative Officer of Home Point Financial Corporation successor by merger to Stonegate Mortgage Corporation				Date 6-26-19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE OCT 01 2019	

RECEIVED  
 RI DEPT OF STATE  
 BUSINESS DIV  
 OCT - 1 AM '19

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

BY **BAZWC**  
 AA-10:22 A.M.  
 FORM 630 - Revised: 10/2017

**Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PWP	B	\$0.0010	20,000.00	0
CVW		\$0.0010	800,000.00	25845566
PWP	A	\$0.0010	30,000.00	0
PWP	C	\$0.0010	100,000.00	0
PWP	D	\$0.0010	1,550,000.00	0